

## BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Division: County Administrator

Department: Fire Rescue

**AGENDA ITEM WORDING:** Resolution authorizing the Mayor to execute an EMS County Grant Application and related Request for Grant Distribution to the State of Florida Department of Health, Bureau of Emergency Medical Services.

**ITEM BACKGROUND:** The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 401, Part II, Florida Statutes to distribute county grant funds. County grant funds are derived from surcharges on the fines for various traffic violations. A portion of these funds are made available to eligible county governments to improve and expand their pre-hospital emergency medical services (EMS) systems. Local matching funds are not required.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. They remain the responsibility of the counties and EMS agencies and organizations. Furthermore, county grant funds cannot be used to supplant the existing county budget allocations.

The projected amount of Monroe County's award for FY 2005 is \$60,157.66. The application being submitted is a request for the following: Purchase of electronic reporting tablets and software (EMS PRO) along with respective training and salary reimbursement. This purchase will be a continuation of expansion of Monroe County Fire Rescue (MCFR) field data collection and reporting to include area municipal fire rescue systems. The grant funds will provide for continuing upgrades to MCFR's EMS PRO reporting system, which includes but is not limited to a billing extract software program which allows for the exchange of medical billing information between MCFR and MCFR's billing agent electronically. Grant funds will provide for travel expenses to Rural Health EMS, State Advisory Council Meetings, and EMS PRO summits and conferences to keep MCFR apprised of all current information which will improve our rescue services.

**PREVIOUS RELEVANT BOCC ACTION:** The County Award Grant is a yearly grant that provides funding for EMS enhancement, and the Board has seen fit to approve the grant application every year these grant funds have been available and requested. The date of the last BOCC approval for a County Award Grant was December 17, 2003.

**CONTRACT/AGREEMENT CHANGES:** This is not a contract.

**STAFF RECOMMENDATIONS:** Approval.

**TOTAL COST:** 0.00      **BUDGETED:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

**COST TO COUNTY:** 0.00                      **SOURCE OF FUNDS:** Grant

REVENUE PRODUCING: Yes      No      N/A    AMOUNT PER MONTH      Year

**APPROVED BY:** County Atty YES    OMB/Purchasing N/A    , Risk Management N/A

**DEPARTMENT HEAD APPROVAL:**

Clark O. Martin, Jr.

**DIVISION DIRECTOR APPROVAL:**

Thomas J. Willi

**DOCUMENTATION:** Included X To Follow Not Required

**DISPOSITION:**

**AGENDA ITEM #** 01

Clark O. Martin, Jr.  
Fire Rescue

**RESOLUTION NO. -2005**

**A RESOLUTION OF THE BOARD OF COUNTY  
COMMISSIONERS OF MONROE COUNTY, FLORIDA  
AUTHORIZING MAYOR TO EXECUTE AN EMS COUNTY  
GRANT APPLICATION AND RELATED REQUEST FOR  
GRANT DISTRIBUTION TO THE STATE OF FLORIDA  
DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY  
MEDICAL SERVICES**

WHEREAS, an EMS County Grant will improve and expand the County's pre-hospital EMS system to include the area municipal fire rescue systems; will continue to upgrade MCFR's reporting system; will continue education of staff to improve the County's fire rescue services; and will improve the area municipal fire rescue systems with updated medical equipment; now therefore,

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA, as follows:

1. The Mayor is hereby authorized to execute an EMS County Grant Application and related Request for Grant Distribution to the State of Florida Department of Health, Bureau of Emergency Medical Services, and copies of same being attached hereto.
2. The monies from the EMS County Grant will improve and expand the County's pre-hospital EMS system to include the area municipal fire rescue systems; will continue to upgrade MCFR's reporting system; will continue education of staff to improve the County's fire rescue services; and will improve the area municipal fire rescue systems with updated medical equipment.
3. The grant monies will not be used to supplant existing County EMS budget allocations.

PASSED AND ADOPTED by the Board of County Commissioners of Monroe County, Florida, at a regular meeting of said Board held on the \_\_\_\_\_ day of \_\_\_\_\_, 2005.

Mayor Spehar \_\_\_\_\_  
Mayor Pro Tem McCoy \_\_\_\_\_  
Commissioner Nelson \_\_\_\_\_  
Commissioner Neugent \_\_\_\_\_  
Commissioner Rice \_\_\_\_\_

BOARD OF COUNTY COMMISSIONERS  
OF MONROE COUNTY, FLORIDA

(SEAL)

Attest: DANNY L. KOLHAGE, Clerk

By: \_\_\_\_\_  
Mayor/Chairman

By: \_\_\_\_\_  
Deputy Clerk

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:

  
SUZANNE A. HUTTON

ASSISTANT COUNTY ATTORNEY

Date: 12/28/04



**FLORIDA DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES**

**EMS COUNTY GRANT PROGRAM  
APPLICATION PACKET**

# DESCRIPTION OF PROGRAM

## OVERVIEW:

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 40I, Part II, F. S., to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. These costs remain the responsibility of the counties and EMS agencies and organizations.

## ELIGIBILITY:

EMS County grants are awarded only to BCCs. However, each BCCs is encouraged to assess its countywide EMS needs and establish priorities before submitting a grant application. The assessment should be coordinated with area EMS councils, when available.

# COUNTY GRANT PROCESS

## APPLICATION FORM:

BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, June 2002". The BCCs will return the county grant application and resolution ( item 5 on the application) to the department.

## NOTICE OF GRANT AWARD:

The Department shall send a Notice of Grant Award letter to the BCCs. This is the BCCs official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, due dates for required reports, the approved budget, and additional grant conditions, if any.

**APPLICATION SUBMISSION:**

The BCCs must submit:

1. A completed application (DH Form 1684, June 2002) with original signatures of the authorized county official.
2. A county resolution certifying the EMS county grant funds received shall be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations (item 4 in the application).

A complete EMS County Grant packet consists of the above two items. No copies are required.

Mail the application to:

County Grant  
Emergency Medical Services  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

Retain this application packet because it contains the grant conditions and requirements, and other information and forms needed.

## **EMS COUNTY GRANT APPLICATION**

### **FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services**

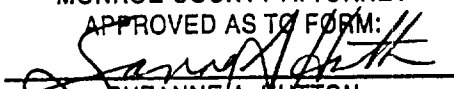
**Complete all items**

<b>ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) C</b>	
<b>1. County Name:</b> MONROE COUNTY (Monroe County Board of County Commissioner)	
<b>Business Address:</b> 490 63rd Street, Suite 140	
Marathon, FL 33050	
<b>Telephone:</b>	
<b>Federal Tax ID Number (Nine Digit Number):</b> VF 5 9 6 0 0 0 7 4 9	
<b>2. Certification:</b> (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b> Dixie M. Spehar	
<b>Position Title:</b> Mayor	
<b>3. Contact Person:</b> (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
<b>Name:</b> Clark O. Martin, Jr.	
<b>Position Title:</b> Fire Chief	
<b>Address:</b> 490 63rd Street, Suite 140	
Marathon, FL 33050	
<b>Telephone:</b> (305) 289-6004	<b>Fax Number:</b> (305) 289-6336
<b>E-mail Address:</b> martin-clark@monroecounty-fl.gov	
<b>4. Resolution:</b> Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.	
<b>5. Budget:</b> Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)	
Monroe County Fire Rescue (MCFR)	
Key Largo Volunteer Ambulance Corps. (KLVAAC)	
Ocean Reef Public Safety (ORPS)	

DH Form 1684, Rev. June 2002

MONROE COUNTY ATTORNEY

APPROVED AS TO FORM:

  
SUZANNE A. HUTTON  
ASSISTANT COUNTY ATTORNEY  
Date: 1/25/05

**A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.

	Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Training which includes salary reimbursement for employees on new version of pen-based system	
Travel to Rural Health EMS Consortium meetings and State Advisory Council meetings	\$ 13,200.00
Travel to EMS Pro (EMS reporting system) Summit and Conference	2,160.00
	3,392.00
<b>TOTAL</b>	<b>\$ 18,752.00</b>

**C. Vehicles, equipment, and other operating capital outlay** means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Enhancements and replacement equipment for pen-based EMS patient care reporting system	\$ 14,590.32
EMS billing extract software program (for sending of medical reports electronically from EMS reporting system)	7,500.00
Completion of FY03 and FY04 projects already in progress with the EMS patient care reporting system	27,315.34
<b>TOTAL</b>	<b>\$ 49,405.66</b>
<b>Grand Total</b>	<b>\$ <u>68,157.66</u></b>

\*\*





**A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Training which would include salary reimbursement of employees	\$ 8,000.00
TOTAL	\$ 8,000.00

**C. Vehicles, equipment, and other** operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Pen-based EMS field data collection and reporting system	\$ 40,630.04
TOTAL	\$ 40,630.04
Grand Total	\$ <u>48,630.04</u>

\*\*

DH Form 1684, Rev. June 2002

\*\* \$68,157.66 + 69,944.04 + 48,630.04 = \$186,731.74; broke down as follows:  
Includes roll-over funds in the amount of \$126,574.08 (\$125,640.83 with accrued interest of \$933.25 through September 30, 2004), and FY2005 share of \$60,157.66 which equals a TOTAL OF \$186,731.74.

FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

**DOH Remit Payment To:**

Name of Agency: Board of County Commissioners, Monroe County, FL

Mailing Address: 490 63rd Street, Suite 140  
Marathon, FL 33050

Federal Identification number 59-6000-749

Authorized Official: \_\_\_\_\_  
Signature Date

Dixie M. Spehar, Mayor  
Type Name and Title

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:

*Sign and return this page with your application to:*

Florida Department of Health  
BEMS Grant Program  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

Suzanne A. Hutton  
SUZANNE A. HUTTON  
ASSISTANT COUNTY ATTORNEY

Date 1/05/05

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

Grant Amount For State To Pay: \$ \_\_\_\_\_ Grant ID: Code: \_\_\_\_\_

Approved By : \_\_\_\_\_  
Signature of EMS Grant Officer Date

State Fiscal Year: \_\_\_\_\_ - \_\_\_\_\_

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>
64-25-60-00-000	N_	N2000	7_

Federal Tax ID: VF\_

Grant Beginning Date: October 1, \_\_\_\_\_ Grant Ending Date: September 30, \_\_\_\_\_